1	2	3
18	Manipur	3500
19	Meghalaya	1000
20	Nagaland	2500
21	Sikkim	1100
22	Tripura	11000
23	A & N Islands	2000
24	Arunachal Pradesh.	2700
25	Chandigarh	2700
26	D & N Haveli	600
27	Delhi	42000
28	Goa	4000
29	Daman & Diu	400
30	Lakshadweep	100
31	Mizoram	3000
32	Pondicherry	7000
	ALL INDIA*:	5183100

* Includes figures for M/O Defence & Railways.

Deficiencies in artificial milk

704. SHRI IQBAL SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that artificial milk for children do not contain minerals such as Zinc and Magnesium, vitamins, harmones eite which are essential for physical as well as mental growth of children;

(b) if so, what are the details thereof and the reasons therefor; and

(c) what effective steps are being taken by Government in this respect?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) to (c) Under prevention of Food Adulteration Act, 1954, specifications for Infant Milk Food and Infant Formula have been laid down. Accordingly it is mandatory to have all the minerals including Zinc, Magnesium and vitamins essential for both physica as well as mental growth of the children

Child survival and safe Motherhood Programme

705. SHRI IQBAL SINGH: Will the Minister of HEALTH AND FAMH.1 WELFARE be .pleased to state:

(a) whether it is a fact that Govern ment have launched the Child Surviva and safe Motherhood Programme fo the welfare of women and children i the country;

(b) if so, what are the details thexeol

(c) what is the number of districts i the country where the Child Survival an Safe Motherhood Programme are to be covered during 1993-94;

(d) whether it is also a fact the Government propose! to give highier pri'

rity to some district of the country in this regard; and

(e) if so, what are the details thereof and the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHAN-KARAN AND) (a) Yes, Sir.

(b) The programme with an estimated outlay of Rs. 1125.58 crores is to be implemented over a period of 7 years. Its objectives are to be reduced morbidity and mortality among children through Universal Immunisation plus programmes by reducing acute respiratory infections, diarrhoel diseases and provide prophyo-axis against anamia. First Referral Units will be set up in the selected districts to promote Safe Motherhood.

(c) 103 districts have been taken up under the Chfid Survival Programme in the year 1993-94. 31 districts have been identified 'to receive assistance under thai Safe Motherhood Component mis year.

(d) No, Sir.

(e) Does not arise.

Primary Health Centres in Gujarat

706. SHRI VITHALBHAI M. PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the details of the assis tance provided in regard to the working of Community and primary Health Cen tres in Gujarat State, district-wise;

(b) what effects are made by the Central Government to achieve the targets and to improve the working of the said centres;

(c) whether it is also a fact that working of the said centres and achievement of the targets in the State is unsatisfactory; and

(d) if *so,* what is the reaction of the Central Government in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHAN-KARANAND): (a) Financial assistance for Community and Primary Health Centres in Gujarat is provided by the State Government. The district-wise allocation is also made by the State Go-ven'ineat.

(b) The Department of Family Wel fare does not provide financial assistance to these centres.

(c) No, Sir.

(J) Question does not arise.

Migration of Indian Medicos Studying in CIS

707. SHRI GURUDAS DAS GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Medi cal Council of India (MCI) has issued [a] circular to the Deans, Principals and Directors of all the medical colleges in India to allow migration of Indian stan dards studying in the country of CIS to medical college, in India who had been sponsored by the MCI to receive medical education in the erstwhile USSR;

(b) if so, what are the details thereof;

(c) whether it is also a fact that there aire considerable number of students doing professional courses in various parts of the former Soviet Union but were sponsored by agencies other than MCI; and

(d) if so, what are the reasons for this discrimination?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHAN-KARANAND); (a) and (b) Yes, Sir. The Medical Council of India had permitted the concerned authorities to give a 'No objection Certificate' to enable the migration of medical students from CIS countries subject to the condition that this is restricted to not more than 2 students per medical college.

(c) and (d) Yes, Sir. As far "as the medical profession is concerned the relaxation has been allowed only in the case of those who were sent on the basis of merit determined by the Medical